

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531751** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7						
8						
9						
10						
11						
12						
13						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	49					
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					2	
55					2	
56					2	
57					2	
58					2	
59					1	
60					1	
61					1	
62					2	
63					2	
64					0	1
65					2	
66					0	1
67					0	1
68					0	1
69					0	1
70					0	1
71					2	
72					2	
73					2	
74					2	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					2	
TOTAL DEP.					13	
TOTAL CLAIMS	41				17	